

**TENNESSEE REGULATORY AUTHORITY
460 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-0505
Link-up/Lifeline Application
1-800-342-8359
615.741.8953 (fax)**

Dear Applicant:

Lifeline and Link-Up are low-income support programs, which ensure that quality telephone services are available to low-income consumers at affordable rates. These programs provide for discounts to low-income households for both the initial installation (Link-Up) and monthly phone bills (Lifeline) toward Local service.

Link-up will pay half of the installation charges for new telephone service, to a maximum of \$30.00.

To further reduce the initial cost to establish new telephone service, contact your local telephone company and ask that the remaining balance of the installation charge be divided over a period of months.

You will not be required to pay a deposit if you request a “Local Service Only” and “Long distance Block” when connecting service under Link-up.

Lifeline will save you up to \$13.50/per month on the local service portion of the telephone bill. This program will not assist with long distance charges or special features such as Caller ID or Call Waiting.

Who is eligible for Link-up and Lifeline?

The qualifications for Link-up and Lifeline are the same. You automatically qualify and need to contact your telephone provider directly, if you are enrolled in any ONE of the following public assistance programs: (1) Food Stamps (2) Medicaid (3) Supplemental Security Income (4) Temporary Assistance for Needy Families (TANF) and AT&T and Embarq only; (5) Low Income Home Energy Assistance Program (LIHEAP) (6) National Free School Lunch (7) Live in Section 8 Federal housing (*Section 8 only, Hud and other federal program may not automatically qualify*).

If you **“DO NOT”** receive public assistance, you may qualify if your total household gross monthly income is equal or less than the following:

Gross Monthly Income Table

# of Household Members	*Monthly Income	*Monthly Income
	<u>125% of the Federal Poverty Level</u>	<u>135% of the Federal Poverty Level For Customers of BellSouth or EMBARQ (formerly Sprint-United)</u>
1	\$1,083	\$1,170
2	1,458	1,575
3	1,833	1,980
4	2,208	2,385
5	2,583	2,790
For each additional person, add	375	405

BASED ON THE 2008 FEDERAL REGISTER FOR POVERTY LEVEL INCOME STANDARDS (PLIS).

Applicant Check List (Please make sure you have submitted all the following information.)

- ☐ Full Name ☐ Social Security Number ☐ Address (Street, City, State, Zip Code, & County)
☐ Telephone Number ☐ Telephone Provider
☐ Proof of income (i.e. Social security award letter, bank statement, payroll check, Child support, etc.)

Income must be provided for Entire Household.



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1. APPLICANTS SOCIAL SECURITY NUMBER _____ - _____ - _____ **(MUST PROVIDE)**

2. NAME: _____, _____, _____
Last First MI

3. Address: _____

_____, _____, _____
City State Zip Code County

YOUR REQUEST IS FOR WHICH TELEPHONE SERVICE. CHECK THE ONE THAT APPLIES:

☐ New Service ☐ Transferred Service ☐ Existing Service

4. Assigned/Existing Telephone Number: (_____) _____ - _____

5. Name and Contact Number if other than yourself:

_____ (_____) _____ - _____

6. Birth Date: (m/d/y) ____/____/____

7. Have you received The Link-up & Lifeline credit in the past? ☐ Yes ☐ No **If so when?** _____

8. APPLICANTS SOURCE OF INCOME: *(Please attach verification that supports the gross income you receive from each source.)*

☐ Social Security/Disability \$ _____ ☐ Pension \$ _____ ☐ Employment \$ _____

☐ Other income source (Explain) _____ Amount \$ _____

9a. Number of persons in your household (including yourself): _____

9b. not including yourself or children under the age of 18 with zero income: please provide the following information for household member:

(1) Full Name _____ Date of Birth _____ Income and Source _____

(2) Full Name _____ Date of Birth _____ Income and Source _____

10. Total Gross monthly income of all persons listed in questions 8 and 9b) \$ _____

I certify, under penalty of perjury, that I am a current recipient with a total gross monthly income that meets the criteria under the poverty guidelines and that the information on this application is complete and correct to the best of my knowledge. I will notify the Tennessee Regulatory Authority (TRA) if my total gross monthly income no longer meets the current guidelines. I authorize the TRA or my telephone provider or its appointed representative to access any records required to verify these statements to confirm my continued participation. I authorize the source(s) of my total gross monthly income to discuss with and/or provide copies to the TRA, if requested, to verify the incomes listed on this application and my eligibility for Link-up and/or Lifeline.

Applicant's Signature: _____ **Date** _____

Ethnic Background (Optional): This information is for statistical purposes only.

☐ African-American (Black) ☐ American-Indian ☐ Caucasian (White) ☐ Hispanic ☐ Other

Do not write below this line

☐ Approved ☐ Denied ☐ Link-up ☐ Lifeline **Total Gross income \$** _____

TRA Representative _____ **Date** _____